

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10594595

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1		1		
4		3		2		
5		3		2		
6		0		1		
7		0		2		
8		0	1	2		
9	1			1		
10		1		2		
11		2		1		
12		0		2		
13		0		2		
14		0		2		
15		0		2		
16		0		2		
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50						
TOTAL IND.		↓	↓	↓		↓
TOTAL DEP.	←	21	←		←	
TOTAL CLAIMS		23				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						